## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 21, 2007 8:00 am Secretary of State

DOCUMENT # L05000086245  1. Entity Name MEDICAL NOMAD, LLC							02-23-200	7 90266	5 001 **	**250.00
Principal Place 5551 RIDGEV NAPLES, FL	VOOD DRIVE		Mailing Address 5551 RIDGEWOOD DRIV NAPLES, FL 34108	5551 RIDGEWOOD DRIVE, SUITE 1101			3000		MIÅ MBb Arna	OMESI MI (SES)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162007	Chg-LLC	CR2E0	<b>63 (12/0</b> 6	5)
City & State		City & State			4. FEI Num 20-86	21844			Applied For Not Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desire		\$5.00 Additional Fee Required		
6. Name and Address of Current			Registered Agent		Name	?. Name and	Address of New Ro	gistered /	\gent	
GARLICK, THOMAS B ESQ C/O GARLICK, STETLER & PEEPLES, L 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34108			LP		Street Address (	P.O. Box Numb	er is Not Acceptable	)	·	
					City	·		FL	Zip Co	de
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar the obligations of registered agent.								l amiliar witl	n, and accept	
SIGNATURE    Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent agreets graphic required when renstating)    OATE   OATE										
Filing Fee is \$50.00 Due by May 1, 2007								check p	ayable to	
	<b>,</b>	, .,	İ				FIGURE	Deber 212		
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/			
9. ITLE	MGRM	MANAGING MEMBE	RS/MANAGERS	TITLE	,				☐ Change	Addition
9.	MGRM GARLICK 423 FILBE			TITLE NAM: STRE	,					
9. IITLE NAME SIREET ADDRESS CITY-SI-ZIP IITLE	MGRM GARLICK 423 FILBE SAN FRA MGRM	MÁNAGING MEMBE , THOMAS B III ERT STREET NCISCO, CA 94133		TITLE	E ET ADDRESS -S1-28P					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLICK 423 FILBE SAN FRA MGRM LINDLAN 1485 PEF	MANAGING MEMBE THOMAS BIII ERT STREET NCISCO, CA 94133 D, PETER C RWINKLE DRIVE	( ) Oziete	TITLE NAME SIRE CLIY THUS NAME SIRE	E ET ADDRESS -S1-28P				☐ Change	Addition
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9. ITTLE NAME SIREET ADDRESS CITY-SI-22P ITTLE NAME SIREET ADDRESS CITY-SI-21P ITTLE	MGRM GARLICK 423 FILBE SAN FRA MGRM LINDLAN 1485 PEF	MANAGING MEMBE THOMAS BIII ERT STREET NCISCO, CA 94133 D, PETER C RWINKLE DRIVE	↑ Delete	TITLE NAME STRE CHY THES NAME STRE CHY THES NAME STRE NAME STRE	ET ADDRESS -S1-ZIP  E ET ADDRESS -S1-ZIP				☐ Change	Addition
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9.  ITITLE MANKE STREET ADDRESS CITY-SI-72P  11. I hereby indicated	MGRM GARLICK 423 FILBE SAN FRA MGRM LINDLANI 1485 PEF DELAND.	MANAGING MEMBE  I, THOMAS B III ERT STREET INCISCO, CA 94133  D, PETER C RIWINKLE DRIVE IFL 32721  IIII IIII STREET IIII STREE	Delete  Delete  Delete	TITLE NAME STRE CITY	E ET ADDRESS -S1-ZIP   ade under oath;	ADDITIONS/	CHANGES	Change Change Change Change	Addition  Addition  Addition  Addition  Addition	
9.  ITITLE MANKE STREET ADDRESS CITY-SI-72P  11. I hereby indicated	MGRM GARLICK 423 FILBE SAN FRA MGRM LINDLAN 1485 PEF DELAND,	MANAGING MEMBE  I, THOMAS B III ERT STREET INCISCO, CA 94133  D, PETER C RIWINKLE DRIVE IFL 32721  IIII IIII STREET IIII STREE	Delete  Delete  Delete  Delete  Delete	TITLE NAME STRE CITY	E ET ADDRESS -S1-ZIP   ade under oath; er 608, Florida S	ADDITIONS/	CHANGES	Change Change Change Change	Addition  Addition  Addition  Addition  Addition	